

Total paid: \$ (office use only)
Receipt number: (office use only)



Virginia Alcoholic Beverage  
Control Authority

Agent: (office use only)
Record number: (office use only)

[www.abc.virginia.gov/licenses](http://www.abc.virginia.gov/licenses) | 804.213.4400 | 7450 Freight Way • Mechanicsville VA 23116 | PO Box 3250 • Mechanicsville VA 23116

## OUT-OF-STATE DELIVERY PERMIT APPLICATION

### A. INSTRUCTIONS

1. Print legibly in black ink.
2. Read thoroughly and complete all applicable sections.
3. Mail the following items to the address below:
  - Completed application
  - All required documents
  - Nonrefundable application fee of \$50

**Virginia Alcoholic Beverage Control Authority**  
**License Records Management**  
**PO Box 3250**  
**Mechanicsville, VA 23116**

### B. BUSINESS LOCATION

1. Facility Establishment Name: (if applicable) \_\_\_\_\_
2. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### C. PERMITEE-ORGANIZATION

**DIRECTIONS:** If the organization is applying directly for a license then Section E is required to be completed with an associated individual's contact information.

1. Organization Name: \_\_\_\_\_
2. Primary Phone Number: \_\_\_\_\_
3. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### D. ASSOCIATED INDIVIDUAL

1. Individual First Name and Last Name: \_\_\_\_\_
2. Preferred method of contact: ☐ Phone ☐ Email ☐ Postal Mail
3. Primary Phone Number: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

Total paid: \$ (office use only)
Receipt number: (office use only)



Virginia Alcoholic Beverage  
Control Authority

Agent: (office use only)
Record number: (office use only)

[www.abc.virginia.gov/licenses](http://www.abc.virginia.gov/licenses) | 804.213.4400 | 7450 Freight Way • Mechanicsville VA 23116 | PO Box 3250 • Mechanicsville VA 23116

## OUT-OF-STATE DELIVERY PERMIT APPLICATION

### E. PERMITEE-INDIVIDUAL

1. First Name, Last Name: \_\_\_\_\_
2. Primary Phone Number: \_\_\_\_\_
3. Address: (street) \_\_\_\_\_  
(city/town) \_\_\_\_\_ (state) \_\_\_\_\_  
(zip + 4) \_\_\_\_\_

### F. ALCOHOL INFORMATION

1. \*Are you authorized in your state to sell wine and/or beer for off-premises consumption? ☐ Yes ☐ No
2. State of Licensure: \_\_\_\_\_

### G. ESTABLISHMENT INFORMATION

1. \*Who operates the establishment? \_\_\_\_\_  
\_\_\_\_\_
2. \*Is any employee paid a portion of the proceeds? ☐ Yes ☐ No
3. Provide an explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### H. APPLICANT'S SIGNATURE

I swear or affirm under penalty of law that the information on this application and all the attachments are true and accurate. I understand that falsification and/or misrepresentation of information may result in refusal of the license(s) and/or criminal charges.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

### I. REQUIRED DOCUMENTS

**DIRECTIONS:** Provide officials with the following required documents at time of submittal.

1. ABC License from State of Issuance
2. Articles of Incorporation or Organization or similar
3. Background Verification
4. Brand List
5. SCC eFile Report/Virginia SCC Authorization Letter
6. Virginia Sales Tax Certificate